



## Final Pay Check and Leave Settlement

In the event of my death while in the employ of the City of Miami Beach, I designate in the order named, if surviving, the following named person(s) as my beneficiary(ies) for my final payroll check and leave settlement.

If necessary, use second sheet for additional beneficiaries. Unless otherwise noted, if more than one beneficiary is named, the proceeds will be distributed equally.

### PRIMARY BENEFICIARY(IES)

Name: \_\_\_\_\_ Percentage \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Age (if minor) \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Percentage \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Age (if minor) \_\_\_\_\_ Relationship \_\_\_\_\_

### CONTINGENT BENEFICIARY(IES) (The individual(s) entitled to receive the benefits of an employee if the primary beneficiary dies.)

Name: \_\_\_\_\_ Percentage \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Age (if minor) \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Percentage \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Age (if minor) \_\_\_\_\_ Relationship \_\_\_\_\_

The right to change beneficiary (ies) without the consent of said beneficiary (ies) is reserved.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name (please print): \_\_\_\_\_ City ID #: \_\_\_\_\_

H.R. Receipt /Acknowledgement \_\_\_\_\_ Date: \_\_\_\_\_